

# 2004 AR

## FOR THE CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/6/04 01023 001

7/8/2004-90101-041-\$550.00-\$550.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # **H35096**  
1. Entity Name  
**GARDELLA, INC.**

**DO NOT WRITE IN THIS SPACE**

54060674

2. Principal Place of Business  
**2221 Corporation Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**2221 Corporation Blvd**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

*MRD*

City & State  
**Naples FL**

City & State  
**Naples FL**

Zip  
**34109**

Country  
**USA**

Zip  
**34109**

Country  
**USA**

4. FEI Number  
**59-2494373**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Frazier Gardella**

Street Address (P.O. Box Number is Not Acceptable)  
**2221 Corporation Blvd**

City  
**Naples**

State  
**FL**

Zip Code  
**34109**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Gardella, Frazier 2221 Corporation Blvd., Naples, FL 34109 Naples, FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD Gardella, Charles 2221 Corporation Blvd, Naples, FL 34109 Naples, FL 34109</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2004 239-572-0904  
Date Daytime Phone #